08386

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 1 year 8½ mths
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 6
STREET ADDRESS (If rural, give location) 3909 Richcroft Road ✓

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) (Last) ADOLPHSON
4. DATE OF DEATH: (Month) 8. (Day) 4. (Year) 1952

5. SEX: fem.
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 2. 13. 1891
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ADAM SEIBERT
14. MOTHER'S MAIDEN NAME: Katherine STUMPTNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
199.6 Immediate cause	(a)	Emaciation	6 mths.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Sarcoma of right femur with metastases	6 mths
	DUE TO (c)	Bilateral frontal lobotomy	7 mths

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Involutional Melancholia Multiple decubitus ulcers — 2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/14, 1951, to Aug. 4, 1952, that I last saw the deceased alive on Aug. 3, 1952, and that death occurred at 9 10 a.m., from the causes and on the date stated above.

SIGNATURE Gertrud Sonnenfeldt (DEGREE OR TITLE) M.D. ADDRESS Springfield State Hospit DATE SIGNED 8-4 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 8-7-52
NAME OF CEMETERY OR CREMATORY Parkwood
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. Aug. 5, 1952
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR John Ulrich & Sons - 2008 Orleans St. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

RECEIVED
AUG 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08387

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7 0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Carroll
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Taneytown
LENGTH OF STAY (In this place): lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown R#1
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Miss Sarah (Middle) E (Last) Baumgardner

4. DATE OF DEATH: (Month) August (Day) 6 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 5/26/1869

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Moses P.Baumgardner

14. MOTHER'S MAIDEN NAME: Annie Stambaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Miss Emma S.Baumgardner--Taneytown,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemmhage	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	15 yrs
	(c) Hypertension	15 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Myocarditis	15 yrs.

331X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour):

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/28, 1951, to 8/6, 1952 that I last saw the deceased alive on 8/5, 1952, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

SIGNATURE: R. J. McVaugh (Degree or title) M.D. ADDRESS: Taneytown, Md. DATE SIGNED: 8/8/52

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF: Aug.8,1952
NAME OF CEMETERY OR CREMATORY: Keysville
LOCATION (City, town, or county): Keysville (State): Md

DATE REC'D BY LOCAL REG.: August 8, 1952
REGISTRAR'S SIGNATURE: Ethel M Melancy Local
24. FUNERAL DIRECTOR: C.O.FUSS & SON
ADDRESS: Taneytown,Md.

VS. A15

RECEIVED
AUG 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08388

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): since 2/22/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1618 Harford Avenue

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Edward (Last) BRADY

4. DATE OF DEATH: (Month) August (Day) 27 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widower	Jan. 23, 1877	75 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: James E. Brady

14. MOTHER'S MAIDEN NAME: Margaret Ann Hosier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: unknown

17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

241X

Immediate cause (a) Terminal bronchopneumonia — Interval between onset and death: 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Emphysema of lungs — more than 17 yrs.

DUE TO (c) Bronchial asthma — many yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, epilepsy, coronary heart disease — many yrs.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
---	---	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
----	---	---		

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
--- M.	---	---

22. I hereby certify that I attended the deceased from April 9, 1952, to Aug. 27, 1952, that I last saw the deceased alive on Aug. 27, 1952, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Martin Gross, M. D.		Sykesville, Md.	8/27/52

Martin Gross, M.D.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-30-52	Most Holy Redeemer	Belair Rd.Balto:Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8/28/52	G. W. Hedrick	George J.Ruth,Inc.-1735 Harford Avenue

08389

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gamber
LENGTH OF STAY (in this place) 3 yrs; 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gamber
STREET ADDRESS (If rural, give location) Finksburg P.O.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Adelaide (Last) Brengle
4. DATE OF DEATH (Month) Aug. (Day) 27 (Year) 1952
5. SEX F.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct. 9, 1874
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Hoffman
14. MOTHER'S MAIDEN NAME Margaret Cromwell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs M. Virginia Arrington - Finksburg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
153X Immediate cause	(a) Carcinoma of Liver	3 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Sigmoid	8 mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1/26/52
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Sigmoid
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10, 1952, to 8/27, 1952, that I last saw the deceased alive on 8/27, 1952, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Luther Bak ADDRESS Westminster, Md. DATE SIGNED 8/28/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 30, 1952
NAME OF CEMETERY OR CREMATORY Freedom
LOCATION (City, town, or county) (State) M. Elkersburg Carroll, Md.
DATE REC'D BY LOCAL REG. Aug. 28, 1952
REGISTRAR'S SIGNATURE L. Woodward
24. FUNERAL DIRECTOR Wm. Haight - Sykesville, Md. ADDRESS
Luther H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08390

Reg. Dist. No. 24

MARGIN RESERVED FOR HINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY CARROLL — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SYKESVILLE, RURAL

LENGTH OF STAY (in this place): 13 yr. 10 mo. 11 da.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY MONTGOMERY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SILVER SPRING

STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED: (Type or Print) (First) AGNES (Middle) (Last) BURRISS

4. DATE OF DEATH: (Month) 8 (Day) 29 (Year) 19 52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 6-6-16

9. AGE last birthday: 36 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Unk.

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: HARRY JONES

14. MOTHER'S MAIDEN NAME: ANNIE SANFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk — (If Yes, give war or dates of service) ?

16. SOCIAL SECURITY No.: Unk —

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) PULMONARY TUBERCULOSIS — Interval Between Onset and Death: 4 yrs. ?

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

0022

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, Hebephrenic type — 14 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 18, 19 38, to Aug. 29, 19 52 that I last saw the deceased alive on Aug. 29, 19 52, and that death occurred at 1:05 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Henry C. A. Mead, M. D. Springfield State Hospital, Sykesville, Md. — 8-29-52

23. BURIAL, CREMATION, REMOVAL (Specify): CREMATION

DATE THEREOF: Sept 2, 1952

NAME OF CEMETERY OR CREMATORY: CEDAR HILL CREMATORY

LOCATION (City, town, or county) (State): P.G. Ave. Ext. Pr. Geo Co. Md.

DATE REC'D BY LOCAL REG.: Aug. 30, 1952

REGISTRAR'S SIGNATURE: C. Harry Weed

24. FUNERAL DIRECTOR ADDRESS: Arthur Walker 254 Carroll St. Takoma Park, D.C.

RECEIVED
SEP 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

91

Reg. Dist. No. 81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route 1 Union Bridge; MARYLAND; LENGTH OF STAY (in this place) 1 month; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Union Bridge; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Floyd (Middle) W. (Last) Cheeks

4. DATE OF DEATH: (Month) Aug. (Day) 19, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 82 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: General Farming

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wesley Cheeks

14. MOTHER'S MAIDEN NAME: Jennie Burchett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT: W. M. Cheeks, Union Bridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Lung — Interval between onset and death: 18 months

163X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ; (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1951, to Aug. 19, 1952, that I last saw the deceased alive on Aug. 18, 1952, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bernard A. Thomas Jr. M.D. Frederick, Md. Aug. 19, 1952.

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE Aug 22, 1952 | NAME OF CEMETERY OR CREMATORY Providence Methodist | LOCATION (City, town, or county) (State) Glenelg Maryland

DATE REC'D BY LOCAL REGISTRAR REG. Aug 20, 1952 | REGISTRAR'S SIGNATURE Leslie L. Repp

24. FUNERAL DIRECTOR Raymond L. Wright | ADDRESS Union Bridge Md.

RECEIVED
AUG 21 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 7K

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15-54

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sykesville

LENGTH OF STAY (in this place) 11yrs. 11mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Margaret	--	Costello	Aug. 27 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	3-27-1859	93 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	---	Baltimore, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Patrick S. Costello	Hannah Callahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	---	---	Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary sclerosis	?
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Generalized arteriosclerosis	12 yrs.
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — 13 yrs.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
---		Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
---	---			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
--- M.		---

22. I hereby certify that I attended the deceased from 7-1-41, 19..., to 8-27-52, 1952, that I last saw the deceased alive on 8-26-52, 19..., and that death occurred at 8:25 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Walther H. Sonnenfeld, M.D.	Springfield State Hospital - Sykesville, Md.	8-27-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	Aug 29, 1952	New Cathedral	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-31-52		Charles F. Evans & Son	118 W. Mt. Royal Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (8-51)

1. PLACE OF DEATH:

COUNTY CARROLL — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Baltimore Sykesville — LENGTH OF STAY (in this place) 1 mo, 22 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 1330 Edison Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
CATHERINE		COVERT	8	2	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
F	W	Widowed	12/11/86	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country).	12. CITIZEN OF WHAT COUNTRY?
Registered nurse		Germany	USA

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
002X Immediate cause	(a) Pulmonary Tuberculosis	indef.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic C-V. Disease	indef.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10, 19 52 to 8/2, 19 52, that I last saw the deceased alive on 8/2, 19 52, and that death occurred at 3:10 A.m. dst, from the causes and on the date stated above.

SIGNATURE Witold V. Winiary (DEGREE OR TITLE) M. D. ADDRESS Sykesville, Maryland DATE SIGNED 8/2/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 6 1952		Akron Ohio

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-4-52	A. M. Fredrick	Leo D. Cook	1105 N. Patterson Park Ave

94

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 71

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmontown
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmontown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) C (Middle) ERVIN (Last) CRABBS
4. DATE OF DEATH: (Month) Aug. (Day) 4 (Year) 1952
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 1/24/1898
9. AGE last birthday: 54 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Street Director
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Ervin Crabbs
14. MOTHER'S MAIDEN NAME: Louise Copenhaver
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. 212-03-4593
17. INFORMANT AND ADDRESS: Mary S. Crabbs, Emmontown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pericarditis with infusion

592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic nephritis

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952, to Aug 4, 1952, that I last saw the deceased alive on 8-4-, 1952, and that death occurred at 9 A.m., from the causes and on the date stated above.

SIGNATURE: T. H. Legg (Degree or title) MD
ADDRESS: Union Bridge, Md
DATE SIGNED: 8-5-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 8/7/52
NAME OF CEMETERY OR CREMATORY: Northern Cemetery
LOCATION (City, town, or county) (State): Emmontown, Md.

DATE REC'D BY LOCAL REG.: August 5, 1952
REGISTRAR'S SIGNATURE: Margaret R. Englar
24. FUNERAL DIRECTOR: W. W. Hartman & Sons
ADDRESS: Union Bridge & New Windsor Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville - rural
LENGTH OF STAY (in this place) 1 mo. 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BaltimoreCity
STREET ADDRESS (If rural, give location) 1723 Chilton St., Baltimore-18

3. NAME OF DECEASED: (Type or Print) (First) ELSIE (Middle) ELIZABETH (Last) CROCKETT

4. DATE OF DEATH: (Month) 8 (Day) 25 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 28, 1888

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): saleslady

10b. KIND OF BUSINESS OR INDUSTRY: Retail Dept.Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Humphrey Crockett

14. MOTHER'S MAIDEN NAME: Annie Virginia Cross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) none (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocardial infarct (lateral posterior ventricle and septum)	instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Coronary occlusion and sclerosis	indefinite
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6:15 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) James T Shond - Deputy Medical Examiner — ADDRESS Westminster Md — DATE SIGNED Aug 25-1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 8/28/52

NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 8/25/52

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Wm. J. Pickner & Sons — ADDRESS Balto 17 Md.

M

96

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 70

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Taneytown
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Taneytown
STREET ADDRESS (If rural, give location) R. 1.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) McKINLEY (Last) DODSON

4. DATE OF DEATH (Month) August (Day) 1 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar 29-1897
9. AGE last birthday 55 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Day labor
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jasper Dodson
14. MOTHER'S MAIDEN NAME Nancy Dodson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 223-26-6131
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary occlusion	Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 12:45 P.m., from the causes and on the date stated above.

SIGNATURE James T Marsh - Deputy Medical Examiner (Degree or title) - ADDRESS Westminster Md DATE SIGNED 8/1/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 4 1952
NAME OF CEMETERY OR CREMATORY Lutheran
LOCATION (City, town, or county) Taneytown (State) Md

DATE REC'D BY LOCAL REG. August 2-1952
REGISTRAR'S SIGNATURE Ethel M McBrung Local
24. FUNERAL DIRECTOR C. O. Fuss & Son ADDRESS Taneytown Md

VS. AID

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

RECEIVED
AUG 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Nr. Silver Run
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Myers District Westminster, Md. R. D. 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Near Silver Run
STREET ADDRESS (If rural, give location) Westminster, Md. R. D. 2

3. NAME OF DECEASED (Type or Print) (First) Barbara (Middle) Catherine (Last) Ebaugh

4. DATE OF DEATH (Month) (Day) (Year) 8/21/52 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 3/25/1857
9. AGE last birthday 94 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework (Housewife) Retired
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Carroll County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Adam Kann
14. MOTHER'S MAIDEN NAME Elizabeth Bull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs Carrie Sellers Westminster, Md. R.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL THROMBOSIS	6 DAYS
332 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) GENERALIZED ARTERIOSCLEROTIC VASCULAR DISEASE	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GENERAL DEBILITY [redacted] INCIDENT TO AGE

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT 1, 1950, to AUG. 21, 1952, that I last saw the deceased alive on AUG 20, 1952, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE Philip L. Zubich (Degree or title) M.D. ADDRESS Littlestown Pa DATE SIGNED 8-21-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/23/52
NAME OF CEMETERY OR CREMATORY Wesley Methodist Cemetery
LOCATION (City, town, or county) (State) Nr. Hampstead, Carroll Co. Md.

DATE REC'D BY LOCAL REG. 8/22/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR J. M. Little & Son ADDRESS Littlestown, Pa.
Per Richard A. Little

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 25 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08398

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
LENGTH OF STAY (in this place) 70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Medford

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
STREET ADDRESS (If rural, give location) Near Medford

3. NAME OF DECEASED (Type or Print) (First) MARTHA (Middle) (Last) ENGLAR

4. DATE OF DEATH (Month) Aug. (Day) 14 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 6, 1857
9. AGE last birthday 94 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Single-wife
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) [illegible] Wis.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME [illegible]
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS [illegible], Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	2 days
4221 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis (General)	15 yrs
	(c) Chronic myocarditis	15 "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1937, to 8/4, 1952, that I last saw the deceased alive on 8/13, 1952 and that death occurred at 2:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] M.D. ADDRESS Westminster DATE SIGNED 8/14/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 16 52
NAME OF CEMETERY OR CREMATORY Meadow Branch
LOCATION (City, town, or county) (State) Rural, Westminster Md.

DATE REC'D BY LOCAL REG. 8/14/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS Westminster Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH.
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 11mos. 8days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 1
STREET ADDRESS (If rural give location): 309 S. Sharp Street

3. NAME OF DECEASED: (First) CLARENCE (Middle) REGINALD (Last) FOURQUREAN (Type or Print)

4. DATE OF DEATH: (Month) August (Day) 18 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.

8. DATE OF BIRTH: June 16, 1906

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Porter

11. BIRTHPLACE (State or foreign country): South Boston, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Fourqurean

14. MOTHER'S MAIDEN NAME: Christina Wilson

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 232-28-1006

17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ... Far. Adv. Pul. Tbc. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... DUE TO

(c)

Interval Between Onset And Death: 1950

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 10, 1951 to August 18, 1952, that I last saw the deceased alive on August 18, 1952, and that death occurred at 9:28 P.M, from the causes and on the date stated above.

SIGNATURE: T.F. Vestal (Degree or title) M.D

ADDRESS: Henryton, Maryland

DATE SIGNED: 8/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-21-52

NAME OF CEMETERY OR CREMATORY: Mt Olivet

LOCATION (City, town, or county) (State): Located So. Boston Va

DATE REC'D BY LOCAL REGISTRAR: 8/18/52

REGISTRAR'S SIGNATURE: Albert R. Swanbourn Local Deputy

24. FUNERAL DIRECTOR: Otis Gerst

ADDRESS: South Boston Va.

RECEIVED
AUG 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

C 400

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 5 mos. 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural give location) R.F.D. 3

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Gibbs

4. DATE OF DEATH: (Month) August (Day) 22 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.

8. DATE OF BIRTH: ? 1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Helper

11. BIRTHPLACE (State or foreign country): Queen Anne Co. Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Reba Gibbs

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

0027 Immediate cause (a) Far Adv. Cavitary Pulmonary Tuberculosis — .946 (about

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19, 1952, to Aug. 22, 1952, that I last saw the deceased alive on August 22, 1952, and that death occurred at 9:20 A.M, from the causes and on the date stated above.

SIGNATURE (Degree or title) I.F. Vestal M.D — ADDRESS Henryton, Maryland — DATE SIGNED 8-22-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug 25, 1952 — NAME OF CEMETERY OR CREMATORY Brick Meek Hall Cem. — LOCATION (City, town, or county) (State) Queen Anne Co. - Church Hill, Md.

DATE REC'D BY LOCAL REGISTRAR 8-22-52 — REGISTRAR'S SIGNATURE Albert R. Swanbaum Local Deputy

24. FUNERAL DIRECTOR J. Willis Wells — ADDRESS Chestertown Md.

VS. A15

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SEP 2 1952
BUREAU V. S.

Item 21 Film G147 9-24-52 ams

101

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Longview Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md Carroll COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester Glyndon
STREET ADDRESS (If rural, give location) 313 Central Ave.

3. NAME OF DECEASED (Type or Print) (First) Alberta (Middle) Hook (Last) Gill
4. DATE OF DEATH (Month) Aug (Day) 21 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Dec. 19 1880
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto Co.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Daniel Osborn
14. MOTHER'S MAIDEN NAME Annie Akehurst
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs Alvin Cullison Boring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
9227 Immediate cause	(a)	Decubitus ulcers	2 Months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerosis	5 yrs
	(c)	Fracture of Hip	2½ Months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ~~Fracture~~

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Nursing Home
(CITY OR TOWN) Manchester, Carroll (COUNTY) (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 5-27-52 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fell out of bed.

22. I hereby certify that I attended the deceased from July 2, 1949, to Aug 21, 1952, that I last saw the deceased alive on Aug 20, 1952, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE W H. Foard (Degree or title) MD ADDRESS Manchester Md DATE SIGNED 8/21/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 25 1952
NAME OF CEMETERY OR CREMATORY Dover Cemetery
LOCATION (City, town, or county) (State) Balto. Co. Md

DATE REC'D BY LOCAL REG. Aug. 21/52
REGISTRAR'S SIGNATURE Mrs. W. P. S. Denner
24. FUNERAL DIRECTOR J. F. Eline Sons Rustertown Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

AUG 28 1952
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15—8-51

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville

LENGTH OF STAY (in this place) since 8/10/48

HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY ---

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City

STREET ADDRESS (If rural, give location) 2713 Louise Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Marshall	Smith	GOSNELL	August	12	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	divorced	June 28, 1900	52 yrs.	1	15	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Locomotive Engineer	---	Baltimore, Maryland	United States

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William L. Gosnell	Margaret A. Schimp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
unknown ---	Unknown	Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) MYOCARDIAL INFARCTION	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) CHRONIC MYOCARDITIS AND BRONCHIAL ASTHMA	2 years +
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. SCHIZOPHRENIA, PARANOID TYPE — Over 4 years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
---	---	Yes ☐ No ☒

21. ACCIDENT, SUICIDE, HOMICIDE (Specify) ---; PLACE (Home, farm, factory, street, office bldg., etc.) ---; INJURY ---; (CITY OR TOWN) ---; (COUNTY); (STATE)

TIME OF INJURY (Month) --- (Day) --- (Year) --- (Hour) --- A.M. P.M.; INJURY OCCURRED While at work ☐ While not at work ☐; HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Aug. 10, 1948, to Aug. 12 1952, that I last saw the deceased alive on Aug. 12, 1952, and that death occurred at 3:45 A.m., from the causes and on the date stated above.

SIGNATURE AND DEGREE OR TITLE: Henry C. A. Mead, M. D. ADDRESS: Springfield State Hospital Sykesville, Md. DATE SIGNED: 8/12/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: Aug 15-1952; NAME OF CEMETERY OR CREMATORY: Loudon Park; LOCATION (City, town, or county): Balto (State): Md

DATE REC'D BY LOCAL REGISTRAR REG. 8/12/52; REGISTRAR'S SIGNATURE: Harry Weer

24. FUNERAL DIRECTOR: L. J. Luck; ADDRESS: 5305 Harford Rd

RECEIVED
AUG 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 11 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 7825 Woodbury Drive ✓

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) Preston (Last) Green

4. DATE OF DEATH: (Month) Aug. (Day) 20 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 2-18-83

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newspapaer editor

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): New York State

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lemuel B. Green

14. MOTHER'S MAIDEN NAME: Minnie E. Bunce

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocardial infarct	3 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis	more than 10 yrs
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. bronchopneumonia — 1 day

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ---

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ---

(CITY OR TOWN) ---

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. ---

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Febr. 7 1952, to Aug. 20, 1952, that I last saw the deceased alive on Aug. 20, 1952, and that death occurred at 7:05 p.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (DEGREE OR TITLE) ADDRESS Sykesville, Md DATE SIGNED 8-21-52

Martin Gross, M.D.

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF 8/21/52

NAME OF CEMETERY OR CREMATORY Silver Spring Md.

LOCATION (City, town, or county) Silver Spring, Md. (State)

DATE REC'D BY LOCAL REG. 8/21/52

REGISTRAR'S SIGNATURE C Harry Weer

24. FUNERAL DIRECTOR Warner E. Pumphrey, Silver Spring, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8 51

RECEIVED
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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08404

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Carroll
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eldersburg
LENGTH OF STAY (in this place): 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eldersburg
STREET ADDRESS (If rural give location): Rural--Sykesville

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) W. (Last) GRIMES

4. DATE OF DEATH: (Month) AUG. (Day) 7, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 2-14-1876

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter(retired)

10b. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Basil T. Grimes

14. MOTHER'S MAIDEN NAME: Elizabeth Fleming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Elsie E. Grimes, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. ..., 19 51, to 5/7/, 19 52, that I last saw the deceased alive on 5/6/, 19 52, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE: Wm E. Martin (Degree or title) M.D. ADDRESS: Randallstown Md DATE SIGNED: 8/8/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 8-10-1952
NAME OF CEMETERY OR CREMATORY: Mt. Olive
LOCATION (City, town, or county) (State): Carroll Co., Md.

DATE REC'D BY LOCAL REG. 8/9/52
REGISTRAR'S SIGNATURE: C Harry Weer

24. FUNERAL DIRECTOR: C. M. Waltz, ADDRESS: Winfield, Md.

VS. A15

RECEIVED
AUG 13 1952
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. AI 8-51

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Henryton
LENGTH OF STAY (in this place): 1mo. 6days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore-23
STREET ADDRESS (If rural, give location): 938 W. Saratoga Street

3. NAME OF DECEASED: (First) GEORGE (Middle) HAMILTON (Last) HARRIS

4. DATE OF DEATH: (Month) August (Day) 14, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 20, 1881

9. AGE last birthday: 71 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Ice Man

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin Harris

14. MOTHER'S MAIDEN NAME: Rebecca ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Far Avaanced Pulmonary Tub·rculosis — INTERVAL BETWEEN ONSET AND DEATH: June 1951

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8..., 19.52.., to Aug. 14., 19.52.., that I last saw the deceased alive on Aug. 14...., 1952.., and that death occurred at 7:05 p.m., from the causes and on the date stated above.

SIGNATURE: T.F. Vestal (DEGREE OR TITLE) M.D. ADDRESS: Henryton, Maryland DATE SIGNED: 8-14-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: aug 18-1952 — NAME OF CEMETERY OR CREMATORY: Mt Auburn — LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG. 8-14-52 — REGISTRAR'S SIGNATURE: Albert R. Swankhaus Deputy Local — 24. FUNERAL DIRECTOR: Mrs Katie R. Williams — ADDRESS: 322 N Schroeder St.

AUG 19 1902
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sykesville

LENGTH OF STAY (In this place) 3yrs-10mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland

STREET ADDRESS (If rural, give location) R.D.F. #4

3. NAME OF DECEASED: (Type or Print) (First) Leora (Middle) Agnes (Last) Hastings

4. DATE OF DEATH: (Month) Aug. (Day) 30 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed	Apr. 22, 1884	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	Clear Spring, Md. Wash. Co.	U.S.A.

13. FATHER'S NAME: James Hull

14. MOTHER'S MAIDEN NAME: Jennie Hull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	—	Unknown	Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
422.1 Immediate cause	(a) Myocardial damage	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Generalized arteriosclerosis	6 yrs.
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis, simple deterioration — 6 yrs.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
— — —	— — —	

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
— — —	— — —	— — —		

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— — — M.		— — —

22. I hereby certify that I attended the deceased from 10-22-46 to 8-30-52, that I last saw the deceased alive on 8-29-52, and that death occurred at 12:01 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Henry Caldwell M.D. Springfield State Hosp. Sykesville, Md. 8-30-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/1/52	Rest Haven Cemetery	Hagerstown Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 30, 1952	C. Harry Klee	Rest Haven Funeral Chapel Inc	Hagerstown Md.

RECEIVED
SEP 2 1952
BUREAU V. S.

08407

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Home)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Marriottsville Md

3. NAME OF DECEASED (Type or Print) (First) RONALD (Middle) JOSEPH (Last) HOBBS

4. DATE OF DEATH (Month) August (Day) 15, (Year) 1952

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S | 8. DATE OF BIRTH May 12-52 | 9. AGE last birthday yrs. | If under 1 year Months 3 Days 3 | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) Marriottsville, Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Arthur Hobbs | 14. MOTHER'S MAIDEN NAME Lucy M. Tillman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT Weer & Haight Sykesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Malnutrition

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE William V Hartt | (Degree or title) Assistant Medical Examiner | ADDRESS 700 Fleet St., Balto. 2, Md. | DATE SIGNED 8/16/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 8-17-52 | NAME OF CEMETERY OR CREMATORY Springfield Cem. | LOCATION (City, town, or county) Sykesville | (State) Md

DATE REC'D BY LOCAL REG. Aug 16. 1952 | REGISTRAR'S SIGNATURE R.W. | 24. FUNERAL DIRECTOR Weer & Haight | ADDRESS Sykesville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AH 8-51

1. PLACE OF DEATH:

COUNTY: Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Sykesville

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 1323 Park Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day)	(Year)
Ada	Elvira	Israel	Aug. 14	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	Single	Jan. 28 1879	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
waitress	Restaurant	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Ira F. Isreal	Anserina Harp.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	----------	Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	6 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic Coronary disease	12 yrs.
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	Involutional Melancholia	12 yrs.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 19 50 to Aug. 14, 19 52, that I last saw the deceased alive on Aug. 14, 19 52 and that death occurred at 3:20 P. m., from the causes and on the date stated above.

SIGNATURE: Walter H. Sonnenfeldt — (DEGREE OR TITLE) M.D. — ADDRESS: Springfield State Hospital, Sykesville, Md. — DATE SIGNED: 8-14-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/18/52	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
August 16, 1952	R. W.	Wm. J. Tickner & Sons	Balto 17 Md

Items 8,10,16,17 FilmG146 8/22/52 whw
(over) Item 21 9-4-52 ams

07

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millers - 1 Rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R. 1.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Millers — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millers
STREET ADDRESS (If rural, give location): R. D. 1

3. NAME OF DECEASED (Type or Print) (First) ADDIE (Middle) DENMEAD (Last) KELLY
4. DATE OF DEATH (Month) Aug (Day) 9 (Year) 1952
5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Mr
8. DATE OF BIRTH: May 14, 1876 97
9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Ltd. Firewatcher - Balto. Co. Fire Dept.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joshua Kelly
14. MOTHER'S MAIDEN NAME: May C. Marks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Mr — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-[illegible]-5015
17. INFORMANT AND ADDRESS: Adam & Kelly (wife) Millers RD1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushing injury to chest - Comp - Comminuted

823.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) fracture - dislocation rt shoulder

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Millers Sta Road — (CITY OR TOWN) Mr Millers — (COUNTY) Carroll — (STATE) Md
TIME OF INJURY (Month) 8 (Day) 9 (Year) 52 (Hour) 6:10 p.m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6:10 P.m., from the causes and on the date stated above.

SIGNATURE: James T. Marsh — (Degree or title) Deputy Medical Examiner — ADDRESS: Westminster Md — DATE SIGNED: 8/9/52

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: Aug. 12, 1952
NAME OF CEMETERY OR CREMATORY: Jessops Cemetery
LOCATION (City, town, or county) (State): Cockeysville, Balto Md
DATE REC'D BY LOCAL REG.: Aug 9/52
REGISTRAR'S SIGNATURE: Mrs. W. S. Denner
24. FUNERAL DIRECTOR — ADDRESS: R B Wink Manchester Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

TOW FOR ONE CERTIFICATE FILM G 146 8/22/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 83

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Daniel (Middle) S. (Last) Kerr.

4. DATE OF DEATH (Month) Aug. (Day) 11 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH May 15, 1870

9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Methodist Minister

10b. KIND OF BUSINESS OR INDUSTRY Ministery

11. BIRTHPLACE (State or foreign country) Canada. (New Brunswick)

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George Kerr

14. MOTHER'S MAIDEN NAME Catherine Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Glayds Gosnell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Uremia	1 wk
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Chr. Interstitial Nephritis	2 yrs
	(c)	Arterio-sclerosis	2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/4, 1952, to Aug 11, 1952, that I last saw the deceased alive on 8/10/52 19....., and that death occurred at 2:35A m., from the causes and on the date stated above.

SIGNATURE J Stanley Grabill (Degree or title) ADDRESS Mt Airy, Md DATE SIGNED 8/11/52

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 8/13/52 NAME OF CEMETERY OR CREMATORY Morgan Chapel LOCATION (City, town, or county) Carroll Co. Md (State)

DATE REC'D BY LOCAL REG. Aug 11 A. 1952 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR C. M. Waltz, Winfield, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sykesville
LENGTH OF STAY (In this place) 2 yrs 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville?
STREET ADDRESS (If rural, give location) unknown

3. NAME OF DECEASED: (Type or Print) (First) Prohar (Middle) --- (Last) Kurlowich
4. DATE OF DEATH: (Month) August (Day) 22 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	single	about 1902	about 50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory worker
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? unknown

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY No.: unknown
17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cancer of soft palate	more than 1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

144X
025X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. General paresis — 10 years

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ---
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ---
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ---
(CITY OR TOWN) ---
(COUNTY)
(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1949, to Aug. 22, 1952, that I last saw the deceased alive on Aug. 21, 1952, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (DEGREE OR TITLE) M.D. ADDRESS Sykesville, Md. DATE SIGNED 8-22-52

23. BURIAL, CREMATION OR REMOVAL (Specify): Removal
DATE THEREOF 8/22/52
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REG. Aug. 23, 1952
REGISTRAR'S SIGNATURE Harry Hess
24. FUNERAL DIRECTOR Frances A Hemley & F W Biddle Jr
ADDRESS

RECEIVED
AUG 26 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SYKESVILLE, RURAL
LENGTH OF STAY (in this place) 17 yr 8 mo. 6 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) WYATT (Last) LAWSON

4. DATE OF DEATH: (Month) 8 (Day) 28 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED
8. DATE OF BIRTH: 9-5-86
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): WAYNESBORO, GEORGIA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ROBERT W. LAWSON
14. MOTHER'S MAIDEN NAME: MAUDE WYATT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 212 - 30-3499
17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

002X Immediate cause (a) ACUTE PULMONARY HEMORRHAGE
DUE TO
025X Antecedent cause(s) (b) PULMONARY TUBERCULOSIS — 8 months
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. General Paresis — about 26 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 22, 1934, to Aug. 28, 1952, that I last saw the deceased alive on Aug. 28, 1952, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE Walther H Sonnenfeldt (DEGREE OR TITLE) ADDRESS DATE SIGNED
Walther Sonnenfeldt, M. D. Springfield State Hospital, Sykesville, Md. 8-28-52

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE THEREOF 10/1/52
NAME OF CEMETERY OR CREMATORY LOUDON PARK CREMATORY ~~All Saints Church Yd~~
LOCATION (City, town, or county) BALTO., MD. ~~Sunderland, Md.~~ (State)
DATE REC'D BY LOCAL REG. Sept 1. 1952
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR Wm. J. Pickner & Sons ADDRESS Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 77

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead Rural
LENGTH OF STAY (In this place) 10 Wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Farmington Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Virginia — COUNTY Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Herndon Rural
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Columbus (Last) Maloney

4. DATE OF DEATH: (Month) August (Day) 16 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 24 1876

9. AGE last birthday: 76 Yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Textile Mills

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. ✓

17. INFORMANT: George V. Maloney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 36 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Vascular Lesion

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 14, 1952 to Aug 16, 1952 that I last saw the deceased alive on Aug 14, 1952 and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph E. Buck M.D. Hampstead Md. Aug 16, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Aug 19 1952 — NAME OF CEMETERY OR CREMATORY: Chestnut Grove — LOCATION (City, town, or county) (State): Herndon Va.

DATE REC'D BY LOCAL REG.: Aug 16-1952 — REGISTRAR'S SIGNATURE: Henry Lewis — 24. FUNERAL DIRECTOR — ADDRESS: Edward C. Tipton, Hampstead Md

VS. A15

RECEIVED
AUG 19 19 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: Sykesville
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Sykesville
LENGTH OF STAY (in this place) 16 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3404 Belvedere Ave

3. NAME OF DECEASED: (Type or Print) (First) Francis (Middle) M. (Last) Mullen
4. DATE OF DEATH: (Month) Aug. (Day) 28 (Year) 19 52

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 3-1-71
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Musician
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Baltimore City, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred Mullen
14. MOTHER'S MAIDEN NAME: Martha Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

421.4

Immediate cause (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Chronic valvular heart disease — more than 16 mo.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — about 2 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17 19 51, to Aug. 28, 19 52, that I last saw the deceased alive on Aug. 28, 19 52, and that death occurred at 4:40 p.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (DEGREE OR TITLE) ADDRESS Sykesville, Md DATE SIGNED Aug. 28, 1952

Martin Gross, M.D.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Sept 1, 1952
NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 8-[illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. E. Tavell Tennon 4609 Park Heights ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 2mos. 27days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 1
STREET ADDRESS (If rural give location) 445 W. Monument Street

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (Last) REID

4. DATE OF DEATH: (Month) August (Day) 17 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec. 24, 1925
9. AGE last birthday 26 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charlie Love
14. MOTHER'S MAIDEN NAME: Minnie Walker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 255-20-0957
17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

0024 Immediate cause (a) Far Advanced Bilateral Cavitary Tuberculosis November 1950

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1952, to August 17, 1952, that I last saw the deceased alive on August 17, 1952, and that death occurred at 3:45 P.M, from the causes and on the date stated above.

SIGNATURE T. F. Vestal (Degree or title) M. D. ADDRESS Henryton, Maryland DATE SIGNED 8/17/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug 19 NAME OF CEMETERY OR CREMATORY Mt Clallay LOCATION (City, town, or county) (State) AA County

DATE RECEIVED BY LOCAL REGISTRAR 8/17/52 REGISTRAR'S SIGNATURE Albert R. Swankham Local Deputy

24. FUNERAL DIRECTOR A. J. Hablead ADDRESS 918 Dunn Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 19 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

115

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): March 7/29
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 51 W Franklin St. ✓

3. NAME OF DECEASED (Type or Print): (First) Julius (Middle) - (Last) Ruben

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: unknown

9. AGE last birthday: 45 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Lena - Ruben

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) -

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Records, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) MYOCARDIAL INFARCT	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) CORONARY ARTERIOSCLEROSIS	Indefinite
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Mental Deficiency — Life

19a. DATE OF OPERATION: ----

19b. MAJOR FINDINGS OF OPERATION: ----

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ----

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---- (CITY OR TOWN): ---- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): ---- M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from March 7, 1929, to Aug. 10, 1952, that I last saw the deceased alive on 8/10/52, and that death occurred at 11:50 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Henry C. A. Mead, M. D. Springfield State Hosp. Sykesville, Maryland — 8/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 13/52 — NAME OF CEMETERY OR CREMATORY: Jewish Cem. — LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG. 8/11/52 — REGISTRAR'S SIGNATURE: Harry Weber

24. FUNERAL DIRECTOR — ADDRESS: Fred W. Kraiss

RECEIVED
AUG 13 1952
BUREAU V. S

(OVER)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 08416

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 12/3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1204 Eager St.

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) W. (Last) Schreeder

4. DATE OF DEATH: (Month) 8 (Day) 17 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: 5-7-1895

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months 3 Days 10 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Balto, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) World War I

16. SOCIAL SECURITY No.: 213-30-5517

17. INFORMANT & ADDRESS: Catherine Schreeder 1204 E. Eager St. Balt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
322.1 Immediate cause	(a) 527.2 Acute Oedema of lung	3 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) 491 - Bronchopneumonia, confluent	2 days
	DUE TO (c) 286.5 - Malnutrition, unqualified	months
		years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 322.1 - Chronic alcoholism

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~8-16-1952~~, to ~~8-17-1952~~, that I last saw the deceased alive on ~~8-17-1952~~, and that death occurred at 6:45 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

James T. Moorad Deputy Medical Examiner Westminster Md 8/17/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-20-1952	Baltimore National	Baltimore Md

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/18/52	A.W. Hedue Deputy	Edward W. Conklin	924 E. Eager St.

VS. A15 8-51

Age queried. No change. Film G146 9/4/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 13 54

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville Rural
LENGTH OF STAY in this place 5 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oakland Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville Rural
STREET ADDRESS (If rural, give location) Oakland Mill Road

3. NAME OF DECEASED: (Type or Print) (First) Infant (Middle) (Last) Schmidt

4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 17, 1952

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Frederick Schmidt

14. MOTHER'S MAIDEN NAME: Edna Maud Neal

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: — —

17. INFORMANT & ADDRESS: Charles Frederick Schmidt Sykesville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Premature birth at 6 mo. — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Not known

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/17/52, to 8/17/52, that I last saw the deceased alive on 8/17/52, and that death occurred at 7:05 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Irvin E. Martin M.D. Randallstown Md 8/19/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 8/18/52

NAME OF CEMETERY OR CREMATORY New Copeland

LOCATION (City, town, or county) (State) Sykesville Carroll Md

DATE REC'D BY LOCAL REG. 8/18/52

REGISTRAR'S SIGNATURE C Harry Weer

24. FUNERAL DIRECTOR C H Weer ADDRESS Sykesville, Md.

1082306240

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AUG 19 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sykesville, Maryland
LENGTH OF STAY (in this place) since 11/13/51
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital Sykesville, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City(18)
STREET ADDRESS (If rural, give location) [illegible] W. University Parkway

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
David	Ezra	Stem	August	4	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	separated	1-11-1901	50 yrs.	–	–	–	–

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Insurance Underwriter	Insurance	Alaska	United States

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
J. EZRA STEM	LILLIAN ESTELLE FIRST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unk	—	Unknown	Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) RIGHT LOBULAR PNEUMONIA	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO ARTERIOSCLEROTIC HYPERTENSIVE CARDIOVASCULAR DISEASE	Indefinite
	(c) DUE TO WITH OLD CARDIOINFARCTS	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. POST-TRAUMATIC MENTAL DETERIORATION HYPERTENSIVE ENCEPHALOPATHY — 1 year

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—	—	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME (Month) OF INJURY	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
—	—	—	M.	—	—

22. I hereby certify that I attended the deceased from April 1, 1952, to Aug. 4, 1952, that I last saw the deceased alive on Aug. 4, 1952, and that death occurred at 2:05 a.m., from the causes and on the date stated above.

SIGNATURE Henry C. A. Read, M. D. (DEGREE OR TITLE) ADDRESS Springfield State Hosp. Sykesville, Md. DATE SIGNED 8/4/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug. 6-1952	Westminster Cemetery	Westminster,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 5, 1952	C. Harry Weer	H. Bankard Son	Westminster, Md.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 7 1952
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7k

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg — LENGTH OF STAY (in this place) 57 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westminster Road	STREET ADDRESS (If rural, give location) Westminster Road

3. NAME OF DECEASED (Type or Print)	(First) Rebecca	(Middle) Jane	(Last) Stern	4. DATE OF DEATH	(Month) August (Day) 10 (Year) 1952
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Aug 19 1860	9. AGE last birthday 91 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Jacob Schaeffer		14. MOTHER'S MAIDEN NAME Matilda Hartman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Miss Estie Bosley Finksburg Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4 [illegible]

Immediate cause (a) Coronary Thrombosis — 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓ — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓ — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1-1-45, 1930, to 8-10, 1952, that I last saw the deceased alive on 8-10-52, 1952, and that death occurred at 10 30 p m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M. D. ADDRESS Reisterstown Md DATE SIGNED 8/11/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 13 1952	Finksburg Cemetery	Finksburg	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/11/52	[illegible]	Wm Berryman & Sons	Reisterstown Md

RECEIVED
JAN 13 1952
BUREAU V. S.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Westminster — LENGTH OF STAY (in this place): 17½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Westminster RD #7

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Westminster Md.
STREET ADDRESS (If rural, give location): Westminster RD #7

3. NAME OF DECEASED (Type or Print): (First) HILDA (Middle) LORENA (Last) STRUMSKY
4. DATE OF DEATH: (Month) Aug. (Day) 10 (Year) 1952
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Jan 26, 1905
9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: [illegible] factory
11. BIRTHPLACE (State or foreign country): [illegible] Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-10-0336
17. INFORMANT AND ADDRESS: [illegible] RD #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cancer of large intestine with extensive metastasis — 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: cancer with extensive metastasis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Aug 10, 1952, that I last saw the deceased alive on Aug 6, 1952 and that death occurred at 9:50 a.m., from the causes and on the date stated above.

SIGNATURE: J. Reese Wilkens (Degree or title) M.D. — ADDRESS: Westminster Md — DATE SIGNED: 11/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug 13 52 — NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery — LOCATION (City, town, or county): Mountown, Carroll Co. Md. (State)

DATE REC'D BY LOCAL REG.: 8/11/52 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: J. S. Myers Jr. — ADDRESS: Westminster, Md.

RECEIVED
AUG 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Md.
LENGTH OF STAY (in this place) 2 y 9 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) Asbury Methodist Home

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) — (Last) Swartz

4. DATE OF DEATH: (Month) Aug (Day) 31 (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: 1/26/1873
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Portsmouth Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anthony Messmer
14. MOTHER'S MAIDEN NAME: Barbara Statzman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension — more than 2 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Senile psychosis simple deterioration 2

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July-1- 1952 to Aug-31, 1952 that I last saw the deceased alive on Aug-31-, 1952, and that death occurred at 5 25 p.m., from the causes and on the date stated above.

SIGNATURE Walther H. Sonnenfeldt (DEGREE OR TITLE) M.D. ADDRESS Springfield State Hospital Sykesville Md. DATE SIGNED 8/31/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 9/2/52
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) Gaithersburg (State) Md.

DATE REC'D BY LOCAL REG. Aug. 31, 1952
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR E. C. Gartner, Gaithersburg Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08422

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-105

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Taneytown; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Taneytown R#1; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) L. (Last) Weant

4. DATE OF DEATH: (Month) Aug (Day) 3 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 21, 1899

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Sauerwein

14. MOTHER'S MAIDEN NAME: Carrie L. Easterday

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Paul F. Weant, Taneytown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	20 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular Disease	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-17, 1951, to 8-3, 1952, that I last saw the deceased alive on 6-28, 1952, and that death occurred at 7.15 P. m., from the causes and on the date stated above.

SIGNATURE: L. L. Potter (Degree or title) M.D. ADDRESS: Littlestown, Pa DATE SIGNED: 8-4-52

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial

DATE THEREOF: 8/6/52

NAME OF CEMETERY OR CREMATORY: Piney Creek Presbyterian

LOCATION (City, town, or county): Taneytown (State): Maryland

DATE REC'D BY LOCAL REG.: August 5-1952

REGISTRAR'S SIGNATURE: Ethel M Mehring Deputy

24. FUNERAL DIRECTOR: C. O. Fuss & Son ADDRESS: Taneytown Maryland

RECEIVED
AUG 7 ....
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08423

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Sykesville
LENGTH OF STAY (in this place): 7 years, 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 806 West University Parkway

3. NAME OF DECEASED (Type or Print): (First) Lila (Middle) Burnet (Last) Wright

4. DATE OF DEATH: (Month) August (Day) 12, (Year) 19 52

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Oct. 13, 1865

9. AGE last birthday: 86 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William B. Wright

14. MOTHER'S MAIDEN NAME: Lucretia F. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Hernia, strangulated, small intestines	days
561.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized arteriosclerosis	years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Manic depressive psychosis known 27 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-12, 1945, to 8-12-, 1952, that I last saw the deceased alive on 8-12-, 1952, and that death occurred at 8.40 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
June L. Wehrman M.D — August 12, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): cremation
DATE THEREOF: 8/13/52
NAME OF CEMETERY OR CREMATORY: Greenmount Cemetery
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 8-14-52
REGISTRAR'S SIGNATURE: J. W. Hedrick
24. FUNERAL DIRECTOR: HENRY SANDER & SONS, Inc. — ADDRESS: North Av. & Broadway, Md.
Henry J. Sander